PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10765337

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)			TYPE		OR	OR SMALL ENTITY		
TOTAL CLAIMS			42					RATE	FEE	7	RATE	FEE	
FC	OR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	OTAL CHARGE	ABLE CLAIMS	42 minus 20=		*27			X\$ 9=		OR	X\$18=	396	
INE	DEPENDENT C	CLAIMS	7 minus 3 =		* 4			X43=		OR	X86=	344	
Μl	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	799	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in (column 2	ı	TOTAL		OR	TOTAL	1510	
	C	LAIMS AS A	MENDED - PART II							_	OTHER	THAN	
_	ĭ	(Column 1)		(Colun	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	nt			CL AINA	=		X43=		OR	X86=		
	THOTPHESE		+145=	·	OR	+290=							
							L	TOTAL		OR	TOTAL		
		(Column 1)		(C-1:	·- O\	(0-10)	Α	DDIT. FEE		1011	ADDIT. FEE		
		(Column 1) CLAIMS		(Colum	_	(Column 3)	-			1 r			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	## .		=		X\$ 9=		OR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	C1 A114			X43=		OR	X86=		
I	FINST PRESE	INTATION OF MC	LIPLE DEP	ENDENT	CLAIM	ا ليا ن		+145=		OR	+290=		
							. L	TOTAL		OR ,	TOTAL	•	
		Al	DDIT. FEE L		, ,	ADDIT. FEE							
	\	(Column 1) CLAIMS		(Colum	ST	(Column 3)		· ·	400.	г	•		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	JSLY -	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	F	X\$ 9=	1	OR	X\$18=		
ME	Independent	*	Minus	***		= .	-	X43=		_ 	X86=		
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	A43=		OR	∧00 =		
+145= * If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.										OR	+290=		
** If	the "Highest Nur	nber Previously Pai	d For IN THIS	SPACE is I	ess than	20. enter "20."	ΑD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		
H	r tne "Highest Nui The "Highest Num	mber Previously Pa ber Previously Paid	id For" IN THIS I For" (Total or I	SPACE is Independen	less thar t) is the	n 3, enter "3." highest number			opriat box	in colu			